



**ARKANSAS PROFESSIONAL BAIL BONDSMAN
LICENSING BOARD
COMPANY STATEMENT**

Name of Professional Bail Bond Company _____

Bondsman's Name _____
(First) (Middle) (Last)

Business Address _____
(Street) (City) (State) (Zip)

Residence Address _____
(Street) (City) (State) (Zip)

I, _____
(Company President/Owner) (Title)

do hereby request that _____ be added to the license of
(Agent)
_____ as a professional bail bondsman.
(Professional Bail Bond Company)

Attached is Power of Attorney # _____ authorizing this individual to obligate the bail bond
company named herein for an amount not to exceed \$ _____ dollars on any one
recognizance.

Company President/Owner signature Date

APPLICANT STATEMENT

I, _____ hereby make application for a license as a
(First) (Middle) (Last)
professional bail bondsman through _____
(Professional Bail Bond Company)

I hereby certify that my fingerprints were taken at _____ on ____/____/____ and that I have never been
convicted of a felony or anything other than a traffic offense. I hereby certify that all of the above information is true and
correct to the best of my knowledge and belief.

(Applicant's signature)

STATE OF ARKANSAS)
)ss SUBSCRIBED AND SWORN TO before me this _____ day
COUNTY OF _____) of _____, 20____.

My commission expires: _____ (Notary Public)